

REQUEST FOR RADIO OPERATOR AUTHORIZATION

Name: _____ Rank: _____ CAP I.D. Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Unit Name: _____ Unit Charter Number: _____

The above CAP member has successfully completed two hours of radio operation orientation.

I hereby verify the abilities of this applicant and recommend that a CAPF-76 be issued to this member.
I have enclosed a self-addressed stamped envelope in which the CAPF-76 is to be returned.

Unit Communications Officer / Commander

Date:

(Detach Here)

Alabama Wing Civil Air Patrol

Temporary Radio Operators Authorization



This is to certify that

is authorized to operate CAP radios.

This temporary authorization is valid for 60 days. Your permanent CAPF-76 will be issued within 60 days or you will be notified in writing why a CAPF-76 will not be issued.

Unit Communications Officer / Commander

Date